Procedure Description	Code	Unit	-	AEA1	-	AEA7	AEA8	AEA9
Psychological related								
PSYCHOLOGICAL SCREENING	T1023AH	encounter	\$	12.73	\$	12.60	\$ 12.32	\$ 14.25
PSYCHOLOGICAL ASSESSMENT	96100	one hour	\$	50.91	\$	50.39	\$ 49.28	\$ 57.02
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90804AH	30 min	\$	25.45	\$	25.20	\$ 24.64	\$ 28.51
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	\$	8.91	\$	8.82	\$ 8.62	\$ 9.98
CONTRACTED PSYCHOLOGICAL SERVICE	90804TM	30 min	\$	16.55	\$	16.38	\$ 16.01	\$ 18.53
Physical Therapy related								
PHYSICAL THERAPY SCREENING	T1023GP	encounter	\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY ASSESSMENT	97001		\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		\$	13.91	\$	13.06	\$ 12.02	\$ 15.99
PHYSICAL THERAPY SERVICE IN A GROUP	97150		\$	8.90	\$	8.36	\$ 7.70	\$ 10.24
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		\$	9.04	\$	8.49	\$ 7.82	\$ 10.39
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		\$	9.04	\$	8.49	\$ 7.82	\$ 10.39
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		\$	9.04	\$	8.49	\$ 7.82	\$ 10.39
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		\$	9.04	\$	8.49	\$ 7.82	\$ 10.39
Audiological related								
AUDIOLOGICAL SCREENING	V5008		\$	13.62	\$	12.43	\$ 12.91	\$ 9.92
AUDIOLOGICAL ASSESSMENT	92506UA		\$	13.62	\$	12.43	\$ 12.91	\$ 9.92
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		\$	13.62	\$	12.43	\$ 12.91	\$ 9.92
AUDIOLOGICAL SERVICE IN GROUP	92508UA		\$	8.72	\$	7.96	\$ 8.26	\$ 6.35
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		\$	8.85	\$	8.08	\$ 8.39	\$ 6.45
Occupational Therapy related								
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	\$	10.10	\$	11.17	\$ 11.17	\$ 11.75
OCCUPATIONAL THERAPY ASSESSMENT	97003		\$	10.10	\$	11.17	\$ 11.17	\$ 11.75
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		\$	10.10	\$	11.17	\$ 11.17	\$ 11.75
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		\$	10.10	\$	11.17	\$ 11.17	\$ 11.75
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		\$	10.10	\$	11.17	\$ 11.17	\$ 11.75
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		\$	6.47	\$	7.15	\$ 7.15	\$ 7.52
CONTRACTED OT - THERAPEUTIC	97530TM		\$	6.57	\$	7.26	\$ 7.26	\$ 7.64
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		\$	6.57	\$	7.26	\$ 7.26	\$ 7.64

CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		\$ 6.57	\$ 7.26	\$ 7.2	5	\$ 7.64
						_	
Procedure Description	Code	Unit	AEA1	AEA7	AEA8		AEA9
Speech-language related							
SPEECH THERAPY SCREENING	V5362	encounter	\$ 11.88	\$ 11.54	\$ 9.6	5	\$ 13.38
LANGUAGE THERAPY SCREENING	V5363	encounter	\$ 11.88	\$ 11.54	\$ 9.6	5	\$ 13.38
SPEECH THERAPY ASSESSMENT	92506GN		\$ 11.88	\$ 11.54	\$ 9.6	5	\$ 13.38
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		\$ 11.88	\$ 11.54	\$ 9.6	5	\$ 13.38
SPEECH THERAPY SERVICE IN GROUP	92508GN		\$ 7.61	\$ 7.39	\$ 6.1	}	\$ 8.56
CONTRACTED SPEECH THERAPY SERVICES	92507TM		\$ 7.72	\$ 7.50	\$ 6.2	3	\$ 8.69
Nursing related							
NURSING SCREENING BY RN	T1023TD	encounter	\$ 14.98	\$ 8.62	\$ 12.4	7	\$ 12.47
NURSING SCREENING BY LPN	T1023TE	encounter	\$ -	\$ -	\$ -		\$ -
NURSING ASSESSMENT BY RN	T1001		\$ 14.98	\$ 8.62	\$ 12.4	7	\$ 12.47
INDIVIDUAL NURSING SERVICE BY RN	T1002		\$ 14.98	\$ 8.62	\$ 12.4	7	\$ 12.47
INDIVIDUAL NURSING SERVICE BY LPN	T1003		\$ -	\$ -	\$ -		\$ -
GROUP NURSING SERVICE BY RN	T1002HQ		\$ 9.59	\$ 5.52	\$ 7.9	3	\$ 7.98
GROUP NURSING SERVICE BY LPN	T1003HQ		\$ -	\$ -	\$ -		\$ -
MEDICATION MANAGEMENT	H0033		\$ 14.98	\$ 8.62	\$ 12.4	7	\$ 12.47
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	\$ 59.93	\$ 34.49	\$ 49.8)	\$ 49.89
CONTRACTED NURSING SERVICE BY RN	T1002TM		\$ 9.74	\$ 5.61	\$ 8.1	L	\$ 8.11
CONTRACTED NURSING SERVICE BY LPN	T1003TM		\$ -	\$ -	\$ -		\$ -
Social Work related							
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	\$ 12.50	\$ 12.41	\$ 12.6)	\$ 13.87
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		\$ 12.50	\$ 12.41	\$ 12.6)	\$ 13.87
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90804AJ	30 min	\$ 24.99	\$ 24.82	\$ 25.3	3	\$ 27.74
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	\$ 8.75	\$ 8.69	\$ 8.8	3	\$ 9.71
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		\$ 16.24	\$ 16.13	\$ 16.4)	\$ 18.03
Vision and O&M related							
SCREENING TEST OF VISUAL ACUITY	99173		\$ 9.87	\$ 13.57	\$ 12.0	5	\$ 12.06
VISUAL FUNCTION SCREENING	99172		\$ 9.87	\$ 13.57	\$ 12.0	5 5	12.06
VISION ASSESSMENT (EXAM & EVALUATION)	92012		\$ 9.87	\$ 13.57	\$ 12.0	5 5	12.06

Procedure Description	Code	Unit	1	AEA1		AEA7	AEA8	A	EA9
VISION SERVICE TO INDIVIDUAL	92014		\$	9.87	\$	13.57	\$ 12.06	\$	12.06
VISION SERVICE IN GROUP	92499		\$	6.32	\$	8.68	\$ 7.72	\$	7.72
CONTRACTED VISION SERVICE	92014TM		\$	6.42	\$	8.82	\$ 7.84	\$	7.84
ORIENTATION AND MOBILITY SERVICE	97139		\$	9.87	\$	13.57	\$ 12.06	\$	12.06
Notes:									
- Contracted service rates are 65% of the individual service rates.									
- If no cost data available, then rate was established using the statewide available.	erage cost p	er service							
- Group rates are calculated as follows:									
64.02 % for Speech Pathology, Physical and Occupational Therapy, Audio	ology, Vision	, and Nursin	g						
35.00% for Social Work Services, Counseling, and Psychological Services									
- Unrestricted indirect cost recovery rate as established by the Iowa Depart	ment of Edu	cation was u	sed	in the ca	alcul	ation.			

Procedure Description	Code	Unit	-	EA10	-	EA11	-	AEA12	-	EA13
Psychological related										
PSYCHOLOGICAL SCREENING	T1023AH	encounter	\$	12.36	\$	12.64	\$	13.75	\$	13.38
PSYCHOLOGICAL ASSESSMENT	96100	one hour	\$	49.44	\$	50.55	\$	55.00	\$	53.51
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90804AH	30 min	\$	24.72	\$	25.28	\$	27.50	\$	26.75
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	\$	8.65	\$	8.85	\$	9.63	\$	9.36
CONTRACTED PSYCHOLOGICAL SERVICE	90804TM	30 min	\$	16.07	\$	16.43	\$	17.88	\$	17.39
Physical Therapy related										
PHYSICAL THERAPY SCREENING	T1023GP	encounter	\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY ASSESSMENT	97001		\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		\$	12.28	\$	14.09	\$	13.43	\$	14.35
PHYSICAL THERAPY SERVICE IN A GROUP	97150		\$	7.86	\$	9.02	\$	8.60	\$	9.19
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		\$	7.98	\$	9.16	\$	8.73	\$	9.33
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		\$	7.98	\$	9.16	\$	8.73	\$	9.33
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		\$	7.98	\$	9.16	\$	8.73	\$	9.33
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		\$	7.98	\$	9.16	\$	8.73	\$	9.33
Audiological related										
AUDIOLOGICAL SCREENING	V5008		\$	12.17	\$	14.95	\$	12.81	\$	14.08
AUDIOLOGICAL ASSESSMENT	92506UA		\$	12.17	\$	14.95	\$	12.81	\$	14.08
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		\$	12.17	\$	14.95	\$	12.81	\$	14.08
AUDIOLOGICAL SERVICE IN GROUP	92508UA		\$	7.79	\$	9.57	\$	8.20	\$	9.01
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		\$	7.91	\$	9.72	\$	8.33	\$	9.15
Occupational Therapy related										
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	\$	10.78	\$	12.38	\$	12.47	\$	13.41
OCCUPATIONAL THERAPY ASSESSMENT	97003		\$	10.78	\$	12.38	\$	12.47	\$	13.41
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		\$	10.78	\$	12.38	\$	12.47	\$	13.41
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		\$	10.78	\$	12.38	\$	12.47	\$	13.41
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		\$	10.78	\$	12.38	\$	12.47	\$	13.41
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		\$	6.90	\$	7.93	\$	7.98	\$	8.58
CONTRACTED OT - THERAPEUTIC	97530TM		\$	7.01	\$	8.05	\$	8.10	\$	8.72
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		\$	7.01	\$	8.05	\$	8.10	\$	8.72

CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		\$	7.01	\$	8.05	\$	8.10	\$	8.72
Procedure Description	Code	Unit	A	EA10	Α	EA11	Α	EA12	Α	EA13
Speech-language related										
SPEECH THERAPY SCREENING	V5362	encounter	\$	11.82	\$	13.92		13.56		11.72
LANGUAGE THERAPY SCREENING	V5363	encounter	\$	11.82	\$	13.92	\$	13.56	\$	11.72
SPEECH THERAPY ASSESSMENT	92506GN		\$	11.82	\$	13.92	\$	13.56	\$	11.72
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		\$	11.82	\$	13.92	\$	13.56	\$	11.72
SPEECH THERAPY SERVICE IN GROUP	92508GN		\$	7.57	\$	8.91	\$	8.68	\$	7.50
CONTRACTED SPEECH THERAPY SERVICES	92507TM		\$	7.69	\$	9.05	\$	8.81	\$	7.62
Nursing related										
NURSING SCREENING BY RN	T1023TD	encounter	\$	12.47	\$	13.17	\$	13.11	\$	12.47
NURSING SCREENING BY LPN	T1023TE	encounter	\$	-	\$	-	\$	-	\$	-
NURSING ASSESSMENT BY RN	T1001		\$	12.47	\$	13.17	\$	13.11	\$	12.47
INDIVIDUAL NURSING SERVICE BY RN	T1002		\$	12.47	\$	13.17	\$	13.11	\$	12.47
INDIVIDUAL NURSING SERVICE BY LPN	T1003		\$	-	\$	-	\$	-	\$	-
GROUP NURSING SERVICE BY RN	T1002HQ		\$	7.98	\$	8.43	\$	8.40	\$	7.98
GROUP NURSING SERVICE BY LPN	T1003HQ		\$	-	\$	-	\$	-	\$	-
MEDICATION MANAGEMENT	H0033		\$	12.47	\$	13.17	\$	13.11	\$	12.47
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	\$	49.89	\$	52.68	\$	52.46	\$	49.89
CONTRACTED NURSING SERVICE BY RN	T1002TM		\$	8.11	\$	8.56	\$	8.52	\$	8.11
CONTRACTED NURSING SERVICE BY LPN	T1003TM		\$	-	\$	-	\$	-	\$	-
Social Work related										
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	\$	13.16	\$	13.79	\$	13.45	\$	14.86
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		\$	13.16	\$	13.79	\$	13.45	\$	14.86
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90804AJ	30 min	\$	26.32	\$	27.58	\$	26.90	\$	29.71
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	\$	9.21	\$	9.65	\$	9.41	\$	10.40
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		\$	17.11	\$	17.92	\$	17.48	\$	19.31
Vision and O&M related										
SCREENING TEST OF VISUAL ACUITY	99173		\$	12.06	\$	12.06	\$	13.78	\$	11.03
VISUAL FUNCTION SCREENING	99172		\$	12.06	\$	12.06	\$	13.78	\$	11.03
VISION ASSESSMENT (EXAM & EVALUATION)	92012		\$	12.06	\$	12.06	\$	13.78	\$	11.03

Procedure Description	Code	Unit	Α	EA10	AEA11		AEA11 AEA12		AEA13	
VISION SERVICE TO INDIVIDUAL	92014		\$	12.06	\$	12.06	\$	13.78	\$	11.03
VISION SERVICE IN GROUP	92499		\$	7.72	\$	7.72	\$	8.82	\$	7.06
CONTRACTED VISION SERVICE	92014TM		\$	7.84	\$	7.84	\$	8.96	\$	7.17
ORIENTATION AND MOBILITY SERVICE	97139		\$	12.06	\$	12.06	\$	13.78	\$	11.03
Notes:										
- Contracted service rates are 65% of the individual service rates.										
- If no cost data available, then rate was established using the statewide a	verage cost per	service								
- Group rates are calculated as follows:										
64.02 % for Speech Pathology, Physical and Occupational Therapy, Aud	diology, Vision, a	and Nursing]							
35.00% for Social Work Services, Counseling, and Psychological Service	es es									
- Unrestricted indirect cost recovery rate as established by the Iowa Depa	rtment of Educa	ation was u	•							

Procedure Description	Code	Unit	Α	EA15
Psychological related				
PSYCHOLOGICAL SCREENING	T1023AH	encounter	\$	12.21
PSYCHOLOGICAL ASSESSMENT	96100	one hour	\$	48.82
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90804AH	30 min	\$	24.41
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	\$	8.54
CONTRACTED PSYCHOLOGICAL SERVICE	90804TM	30 min	\$	15.87
Physical Therapy related				
PHYSICAL THERAPY SCREENING	T1023GP	encounter	\$	10.48
PHYSICAL THERAPY ASSESSMENT	97001		\$	10.48
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		\$	10.48
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		\$	10.48
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		\$	10.48
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		\$	10.48
PHYSICAL THERAPY SERVICE IN A GROUP	97150		\$	6.71
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		\$	6.81
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		\$	6.81
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		\$	6.81
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		\$	6.81
Audiological related				
AUDIOLOGICAL SCREENING	V5008		\$	12.91
AUDIOLOGICAL ASSESSMENT	92506UA		\$	12.91
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		\$	12.91
AUDIOLOGICAL SERVICE IN GROUP	92508UA		\$	8.26
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		\$	8.39
Occupational Therapy related				
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	\$	10.59
OCCUPATIONAL THERAPY ASSESSMENT	97003		\$	10.59
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		\$	10.59
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		\$	10.59
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		\$	10.59
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		\$	6.78
CONTRACTED OT - THERAPEUTIC	97530TM		\$	6.89
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		\$	6.89

CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		\$	6.89
Procedure Description	Code	Unit	Α	EA15
Speech-language related				
SPEECH THERAPY SCREENING	V5362	encounter	\$	9.72
LANGUAGE THERAPY SCREENING	V5363	encounter	\$	9.72
SPEECH THERAPY ASSESSMENT	92506GN		\$	9.72
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		\$	9.72
SPEECH THERAPY SERVICE IN GROUP	92508GN		\$	6.23
CONTRACTED SPEECH THERAPY SERVICES	92507TM		\$	6.32
Nursing related				
NURSING SCREENING BY RN	T1023TD	encounter	\$	12.47
NURSING SCREENING BY LPN	T1023TE	encounter	\$	-
NURSING ASSESSMENT BY RN	T1001		\$	12.47
INDIVIDUAL NURSING SERVICE BY RN	T1002		\$	12.47
INDIVIDUAL NURSING SERVICE BY LPN	T1003		\$	-
GROUP NURSING SERVICE BY RN	T1002HQ		\$	7.98
GROUP NURSING SERVICE BY LPN	T1003HQ		\$	-
MEDICATION MANAGEMENT	H0033		\$	12.47
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	\$	49.89
CONTRACTED NURSING SERVICE BY RN	T1002TM		\$	8.11
CONTRACTED NURSING SERVICE BY LPN	T1003TM		\$	-
Social Work related				
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	\$	12.70
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		\$	12.70
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90804AJ	30 min	\$	25.41
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	\$	8.89
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		\$	16.51
Vision and O&M related				
SCREENING TEST OF VISUAL ACUITY	99173		\$	12.06
VISUAL FUNCTION SCREENING	99172		\$	12.06
VISION ASSESSMENT (EXAM & EVALUATION)	92012		\$	12.06

Procedure Description	Code	Unit	Α	EA15
VISION SERVICE TO INDIVIDUAL	92014		\$	12.06
VISION SERVICE IN GROUP	92499		\$	7.72
CONTRACTED VISION SERVICE	92014TM		\$	7.84
ORIENTATION AND MOBILITY SERVICE	97139		\$	12.06
Notes:				
- Contracted service rates are 65% of the individual service rates.				
- If no cost data available, then rate was established using the statewide ave	rage cost pe	er service		
- Group rates are calculated as follows:				
64.02 % for Speech Pathology, Physical and Occupational Therapy, Audic	logy, Vision	, and Nursin	9	
35.00% for Social Work Services, Counseling, and Psychological Services				
- Unrestricted indirect cost recovery rate as established by the Iowa Departr	nent of Edu	cation was u	•	